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## **BIB DATA SHEET**

SERIAL NUMBER

## **CONFIRMATION NO. 6661**

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09/616,276	09/616,276		00 1	705	3687		<b>NO.</b> 065489.00001	
		RULE						
APPLICANTS Evan E. D		Tallahassee, Fl	 L;					
** CONTINUINO This applr		**************************************		28/2000				
** FOREIGN AF	PPLICA	TIONS ******	******	****				
** <b>IF REQUIRE!</b> 09/05/200		EIGN FILING L	LICENSE G	RANTED ** ** SMA	ALL ENTITY **			
Foreign Priority claime 35 USC 119(a·d) cond	litions met		Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAI CLAIM		
	VANEL FR Examiner's		V.F. Initials	FL	4	21	4	
ADDRESS								
	TH OR/ 00 O, FL 3			E, P. A.				
TITLE								
Computer	ized me	ethod and syste	em for obtai	ning, storing and ac	cessing medic	al records		
	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:				☐ All Fe	☐ All Fees		
					1.16	☐ 1.16 Fees (Filing)		
					NT 1.17	☐ 1.17 Fees (Processing Ext. of time)		
						☐ 1.18 Fees (Issue)		
					☐ Other	Other		
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